

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
District of Massachusetts**

In re Yvonne V. Skapars

Debtor(s)

Case No.  
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Yvonne V. Skapars  
Yvonne V. Skapars

Date: March 31, 2015

POLICY NUMBER  
0810122-21

POLICY PERIOD  
From 2/13/2015 To 2/13/2016  
12:01 AM Standard time at the residence premises.

This policy shall not be valid  
unless countersigned by us:

Boston,  
Massachusetts

2/27/2015

Countersigned:

*James H. Pappas*

UMAHODEC

Homeowners - MA

INSURED COPY

AMENDED DECLARATIONS EFFECTIVE 2/13/2015 SUPERSEDE ANY PREVIOUS DECLARATIONS BEARING THE POLICY NO 0810122.

POLICY NUMBER  
0810122-21

POLICY PERIOD  
From 2/13/2015 To 2/13/2016  
12:01 AM Standard time at the residence premises.

NAMED INSURED & MAILING ADDRESS  
YVONNE V SKAPARS  
122 OAKMONT ROAD  
YARMOUTHPORT, MA 02675

PRODUCER  
JOHN F MARTIN INS AGCY., INC.  
1023 RT 28 - BOX 350  
SO YARMOUTH, MA 02664

THE RESIDENCE PREMISES COVERED BY THIS POLICY IS LOCATED AT:  
122 OAKMONT ROAD, CUMMAQUID, MA 02637

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.  
Coverage is provided where a Premium or Limit of Liability is shown for the Coverage.

**SECTION I COVERAGES:**

	LIMIT OF LIABILITY	PREMIUM
A Dwelling	\$473,000	\$2,553
B Other Structures	\$47,300	
C Personal Property	\$236,500	
D Loss of Use	\$141,900	

**SECTION II COVERAGES:**

E Personal Liability - each occurrence	\$500,000	\$24
F Medical Payments to Others - each person	\$5,000	\$11
<b>TOTAL BASE PREMIUM</b>		<b>\$2,588</b>

**DEDUCTIBLE - SECTION I: \$1,000 EXCEPT WINDSTORM AND HAIL \$9,460 (2% of Coverage A Limit)**

**FORM & ENDORSEMENTS made part of this policy at the time of issue.**

HO 00 03	10/00	SPECIAL FORM	
HO 01 20	9/01	SPECIAL PROVISIONS - MASSACHUSETTS	
HO 03 12	10/00	WINDSTORM OR HAIL % DEDUCTIBLE	-\$432
HO 04 16	10/00	PREMISES ALARM OR FIRE PROTECTION SYSTEM	-\$59
		Credit: 2%	
HO 04 27	4/02	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE	
		Section I \$10,000	
		Section II \$50,000	
HO 04 90	10/00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT	\$383
HO 04 96	10/00	NO SECTION II-LIABILITY FOR HOME DAY CARE COVERAGES	
HO 05 08	11/02	SPECIFIED ADDITIONAL AMOUNT OF INSURANCE FOR COVERAGE A ONLY	\$73
		Additional Amount Of Insurance 25%	
HO 16 10	1/09	WATER EXCLUSION ENDORSEMENT	
HO FP	12/01	SPECIAL ENDORSEMENT	

**TOTAL PREMIUM ADJUSTMENT** -\$35

**TOTAL ANNUAL PREMIUM** \$2,553

**TOTAL PREMIUM TO BE CHARGED OR CREDITED FOR THIS AMENDMENT** \$0

Reason(s) for Amended Declarations: MORTGAGEE INFORMATION IS AMENDED.

MORTGAGEE

CHAMPION MORTGAGE ✓

ISAOA/TIMA

PO BOX 39457

SOLON, OH 44139-0457

RATING INFORMATION: 1 FAMILY

Frame

TERRITORY 37 PROTECTION 04